

**QUARTERLY MEETING OF THE
ARKANSAS STATE BOARD OF HEALTH
April 26, 2012**

MEMBERS PRESENT

George Harper, President
Clark Fincher, M.D., President Elect
Paul K. Halverson, DrPH, Secretary
Miranda Childs-Bebee, DDS
Lawrence Braden, M.D. (via phone)
Glen (Eddie) Bryant, M.D.
Alan Fortenberry, P.E.
Larry Fritchman, D.V.M.
Anthony Hui, M.D.
Susan Jones, M.D.
Tom Jones, R.S.
Jim Lambert
Marvin Leibovich, M.D.
John R. Page, P.D.
Alexander Rejistre, Sr., DC (via phone)
Mary Beth Ringgold
Dr. Joe Thompson
Patricia Westfall-Elsberry, O.D.
Anika Whitfield, D.P.M.
Dr. James Zini, D.O. (via phone)

GUESTS PRESENT

Dr. Joe Bates, Deputy State Public Health Officer
Donnie Smith, Director, Center for Health Protection
Dr. James Phillips, Branch Chief, Infectious Disease
Xavier Heard, Human Resources Director
Dr. Todd Maxson, Trauma Medical Director
Dr. Nate Smith, Deputy Director for Public Health Programs
John Senner, Director, Center for Public Health Practice
Stephanie Williams, Director, Center for Health Advancement
Renee Patrick, Trauma Section Chief
Katheryn Hargis, Governmental Affairs Policy Director
Michelle Smith, PhD, Director Minority Health
Dr. Glen Baker, Director, Public Health Lab
Bill Temple, Branch Chief, Injury Prevention
Ed Choate, Delta Dental
Joe Martin, Trauma
Bob Higginbottom, Director, Plumbing
Sharon Ashcraft, Women's Health Section Chief
Renee Mallory, Branch Chief, Health System
Terry Paul, Env. Health Branch Chief
Teresa Bullock, Food Program Adm.
Bernie Bevill, Section Chief, Radiation Control
Jared Thompson, ADH
Connie Melton, Section Chief, Health Fac. Ser.
Berend Koops, Merck
Brad Planey, ADH
Kelli Kersey, ADH
Martin Nutt, ADH
Letitia deGraft-Johnson, ADH
Racheal Odom, ADH
Abby Holt, ADH
Robby Reddish, ADH
Namvar Zohoori, ADH
Mike Wilson, EOC Technical Manager
Rick D. Hogan, General Counsel
Robert Brech, Deputy General Counsel
Reginald Rogers, Deputy General Counsel

Nancy Cox, Legal Services

MEMBERS ABSENT (excused)

Lynda M. Lehing
Rev. Dwight Townsend
Peggy Walker, RN-BC, MSN, CADC
Terry Yamauchi, M.D.

QUARTERLY MEETING OF THE STATE BOARD OF HEALTH

The April Quarterly Meeting of the Arkansas State Board of Health was held Thursday, April 26, 2012 in the Charles Hughes Board Room at the Freeway Medical Building in Little Rock, Arkansas. President Harper called the meeting to order at approximately 10:05 a.m.

Resolution of the State Board of Health Recognizing Delta Dental of Arkansas

Dr. Miranda Childs-Beebe presented a resolution of the Board to Mr. Ed Choate, CEO of Delta Dental of Arkansas. By this Resolution, the Board wanted to honor the contributions and accomplishments of Delta Dental of Arkansas and its efforts to improve the oral health of Arkansans through its generous contributions. Mr. Choate thanked the members and stated that it was particularly gratifying to receive this recognition “from you as health care professionals who have dedicated your lives to improving the health of Arkansans”.

APPROVAL OF MINUTES

President Harper entertained a motion for approval of the minutes of the January 26, 2012, quarterly meeting. Dr. Hui made a motion to approve the minutes. Dr. Fincher seconded the motion and the minutes were approved as presented.

OLD BUSINESS

Final Adoption of Rules and Regulations Pertaining to Food Establishments

Mr. Terry Paul, Environmental Health Branch Chief, stated that this rule change has been through the process and is ready for final adoption. After a short discussion between Ms. Mary Beth Ringgold and Ms. Teresa Bullock, the Food Program Administrator, Dr. John Page made a motion to adopt the Rules and Regulations. Ms. Ringgold seconded the motion and the motion carried.

Final Adoption of Proposed Revisions to the Rules and Regulations Pertaining to Onsite Wastewater Systems

Mr. Paul stated that some changes were made to the onsite rules and they are ready for final adoption. Mr. Fortenberry made a motion to adopt the revisions to the rules and regulations; Dr. Zini seconded and the motion carried.

Final Adoption of Proposed Revisions to Rules and Regulations Pertaining to Swimming Pools and Other Related Facilities

Mr. Paul stated that this is a regulation update mainly for terminology reasons. The national terminology changed and some safety issues were added, and there is some change in the way

pools are being built. This has been through the administrative process and is ready for final approval.

Ms. Ringgold asked if a hotel pool would be a public pool. Mr. Paul responded by stating “yes,” anything that the public can attend is subject to these rules. These rules are not subject to homeowners’ rules. Dr. Hui made a motion to adopt the revisions to the swimming pool rules and regulations. Dr. Fincher seconded and the motion carried.

**Final Adoption of Rules and Regulations Pertaining to Revisions
for Radiation Control Fee Changes**

Ms. Renee Mallory, Branch Chief, Health System Licensing and Regulation, stated that all steps in the administrative process had been completed and asked for final approval. Dr. Bryant asked what is considered a “consultant services fee”. Mr. Jared Thompson stated that was someone who comes in and installs a source to set up a radiation safety program. It’s a very general type operation. It’s a specialized category; you have to have special training and experience to be able to do this. Dr. Thompson asked who is regulatorily in charge of the transportation services administration. Mr. Jared Thompson responded that the federal government, the Nuclear Regulatory Commission, would probably be the one to oversee that.

Mr. Fortenberry made a motion to adopt the rules. Dr. Whitfield seconded the motion and the motion carried.

**Final Adoption of Proposed Revisions to Rules and Regulations
For Cosmetology in Arkansas**

Ms. Mallory stated that all steps in the administrative process had been completed for lowering fees and asked for final approval. Dr. Hui made a motion to adopt the revisions. Dr. Zini seconded the motion and the motion carried.

**Final Adoption of Proposed Revisions to the Rules and Regulations
for Perfusionists in Arkansas**

Ms. Connie Melton, Section Chief, Health Facility Services, requested final approval of the revisions to the rules and regulations for perfusionists. Perfusionists are individuals who are licensed to operate a specialized piece of equipment during surgical procedures. Dr. Westfall-Elsberry made a motion to adopt the revisions to the rules and regulations. Dr. Hui seconded the motion and the motion carried.

NEW BUSINESS

**Rules and Regulations Pertaining to Good Manufacturing
Practices**

Mr. Terry Paul stated that this is an update to an existing regulation for food manufacturing facilities that are not mainline restaurants. After a short discussion among the Board members

and Ms. Bullock, Dr. Zini made a motion to proceed with the administrative process. Dr. Jones seconded the motion and the motion carried.

Rules and Regulations Pertaining to Dental Hygienists
Serving Underserved Areas

Mr. Robert Brech, Deputy General Counsel, stated that these rules are a requirement of legislation passed in the last session. It requires the Board of Health to pass rules and the department to try to identify underserved areas. It would allow dental hygienists to work more independently through a collaborative agreement with the dentists. Dr. Childs-Bebee asked if there was a way to amend this to add that the collaborative hygienist needs to see if the patient has a dental home before they treat them in the school, nursing home or wherever they are treating them. Mr. Brech responded that this is only a draft and it can be amended. We need to identify exactly what you want changed in this draft. Dr. Halverson asked Dr. Childs-Bebee if she was just interested in collecting the information or if she was basically saying that if a person has a dentist you don't want them to be treated. Dr. Childs-Bebee stated that the latter was correct. The collaborative hygiene agreement is not a comprehensive dental oral health care and if these patients have a dental home, they should be seen in that dental home. This is more of a safety net. It is for the patients who do not have a dental home. What we mean by the "dental home" is an ongoing relationship between a patient and a dentist which is their primary practitioner, and they do comprehensive care where this collaborative agreement will not. This would ensure the patients they are treating don't have a dental home.

Dr. Halverson stated that that raises a policy question; there is a similar issue when we do an immunization clinic, for example, in a school where we give flu shots. The idea is that there is a benefit to the public's health for the person to receive the service, and if you have a person there that can get the service, it is a good thing. It would be a good idea to know how many people do have an existing relationship, but I would have to give some thought as to whether or not we want to exclude those persons from being eligible to receive the service rather than saying, "You've gotten the service, please make sure that you follow up with your dentist for more comprehensive care."

Dr. Fincher asked what would be the purpose of that and what would be the public health benefit of going to a lesser level of care and why would we support that. Dr. Halverson responded by saying that because one has a relationship does not mean that one would actually get the service. I understand there is an economic impact to the dentist, and I understand it is better for the patient to be seen by a dentist in a comprehensive setting. I am just concerned about the ability of the individual that would bypass service and because of it they would be penalized.

Dr. Bryant asked if this would in any way expand the scope of a dental hygienist. Mr. Brech stated that it did in some respect. These rules allow them to branch out; they may even go into schools and provide low cost care.

Dr. Thompson advised that it was the tip of a bigger iceberg that we will have to deal with. Drs. Halverson and Rahn have just concluded the first ever state strategic health care work force plan last week. There are areas of the state that have significant access issues, even if there is a

dentist there that can provide a medical home. Medicaid covers dental services and there are sections of our state that the dentist only sees Medicaid patients one day a month. They may have a home, but they don't have access to the dentist when they need it.

Dr. Childs-Beebe stated that the Arkansas State Dental Association has recently done a manpower study because a lot of the statistics being used were based on a 2007 study. We realize there may be just one dentist that has a home in that zip code but there are several dentists who have multiple practice locations. Our study has taken that into account because a lot of the time we don't think it is an actual shortage of dentists, it is a distribution problem. So we want to see where they are practicing.

Dr. Leibovich reported that UAMS last year saw 1700 plus patients who were there for dental problems. The reason they were there was either because they couldn't get in touch with their dentist or because they couldn't afford to see their dentist. This is a problem throughout the United States. I would support saying let's collect data to see who does and who does not have a dental home. If a patient sees a dental hygienist because he can't get in to see his dentist or can't afford to see the dentist, should we deny them dental care?

Dr. Childs-Beebe responded by stating that with this collaborative hygiene agreement I don't think this is necessarily going to be free dentistry. I think this is going to be a for-profit and that is one thing that we have seen, they are going to be billing insurances or Medicaid. That is still to be determined because right now there is no process in place that Medicaid can pay for services rendered by a hygienist. All the payer systems are rigged and set up now that they pay the dentists who provide these services. I don't think you want to assume that all of this is going to be free care; it most likely will not be.

Dr. Fincher stated he was a little confused about some of the rationale. I am hearing rationales that don't make any difference whether someone is in a rural area or not. I'm hearing justifications that would apply in Little Rock as well as they would in some small county without any dentists. In any location there are people who have trouble getting to see their dentist or can't afford to go to the dentist all over the state. Under that rationale, anyone in any area should be allowed to see a hygienist even if they already have a paid dental home. It would seem that we need to resolve some of these issues.

Dr. Halverson stated the Health Department's design is not to provide preventive sealants for every person in the state, this is about trying to pinpoint those areas in the state that have the greatest need and to work with dentists and dental hygienists who are in a collaborative arrangement who are willing to provide this service either free or at what Medicaid might charge. This is not intended to be a profit-making venture; it not intended to be a venture to compete with dentists. This is about trying to get preventive sealants in the mouths of kids. I really would like to begin the process to get some of these issues worked out. It is important that we as a Board have this conversation. We need to hear what the options and the concerns are as we move forward. This is not general dentistry, this is not acute dentistry, which I think is important to say, this is about the preventive services, and almost all of these services are going to be about putting on protective sealants. Dr. Childs-Beebe stated that the goal is basically to screen them to see if they have caries and get them to a dentist and to seal the teeth.

President Harper asked if we waited until another meeting to authorize proceeding, how would that delay the implementation of what the legislature intended and what the Department believes needs to be done. Mr. Brech advised that he didn't know what the timeline was for the hygienists to be able to get the collaborative agreements with the dentists, but if there is not a rule in place, they will not be able to operate. Section IV.2. states they must have permission from the Office of Oral Health of the Health Department to begin serving those areas.

Dr. Leibovich stated that we needed to have additional work, a little background information, what is underserved, what is not underserved, so I would move that we postpone this consideration until the next meeting of the Board of Health, at which time we would have more information available.

Dr. Zini seconded the motion to postpone. President Harper asked if there was any discussion. Dr. Whitfield asked, based on what Dr. Childs-Beebe said, if we could add something in this to pursue making sure that children who do have dentists, that there is some type of protocol and procedure that would identify them, number one; and, number two, that there would be some effort to make a link so that even though services are provided at that point of contact that there will be some link to help reconnect them with their own dentist. President Harper asked Mr. Hogan if it would depend on whether Dr. Leibovich wanted to amend his motion. Mr. Leibovich said that was a friendly amendment and hopefully we would obtain that information as we proceed. He asked if someone has never seen a dentist, does that make him bound to that dentist for the rest of his childhood. Dr. Childs-Beebe responded by stating that one definition of a dental home is that it is not just a one-time visit, it is an ongoing relationship.

President Harper asked Mr. Brech that if this were postponed, you would not, say for instance, have a public hearing until you were authorized to proceed. This is just a move to proceed and there are a lot of things that have to happen, a public hearing and then legislative committees will have to review this. What would you think about some sort of a public opportunity for input? Mr. Hogan informed the Board that an ad hoc committee of the Board might need to be created who could meet to discuss the potential changes and then we would put notice of that meeting to discuss potential modifications to this existing rule, and the rule would still be on the table for a vote when they come back in the way of recommendations.

President Harper stated we have the motion about postponing action on this today. Do we have further discussion on that?

Dr. Bates stated that he thought this was the most important thing the Board is going to talk about and vote on in a long time. Oral health in Arkansas is in a terrible state. 17% of our children have sealants. If a child has sealants, fluoride and ordinary tooth brushing, they can get to be an adult without a single cavity. There are children in schools, trying to learn, in misery with multiple abscesses, and we can prevent that.

Dr. Thompson stated that we are going to have to form a 21st century strategy to meet the needs of our state and what we are discussing now, if you have to see a dentist before you get to preventive care services of a hygienist, we are operating in an old business model that's not going to be successful.

President Harper stated that if the members vote for Dr. Leibovich's motion, this will be postponed and an ad hoc committee will be appointed to look into this and try to resolve it. If you vote against his motion that will open up the door to go ahead and authorize the Department to proceed, after which there would still be a need for a public hearing and legislative input. Dr. Fincher went on record and stated that he is for getting this done, it's just a question of the wording and the structure of the rule, and asked if Dr. Leibovich would be willing to withdraw his motion and allow a motion to have the committee and then go forward today so there wouldn't be a delay?

Dr. Jones agreed that we should proceed as quickly as possible. I don't see how we can't proceed with this for the health of the citizens of Arkansas.

President Harper asked for a vote on Dr. Leibovich's motion and that is to postpone this until July or until such time as it is resolved. A vote was taken on the motion and it failed.

President Harper asked if there was a motion to proceed. Mr. Fortenberry made the motion to proceed, Dr. Whitfield seconded the motion

President Harper stated we had a motion and a second to proceed with the administrative process.

Dr. Thompson added that this Board needs to have discussion and investment before we go to a public hearing or before we start drafting laws. This is a fundamental issue for this Board to wrestle with, and I wouldn't be surprised if we end up having a special meeting at some point in the next 6 to 12 months.

A vote was taken on the motion to proceed with the administrative process. The motion carried with Dr. Zini opposing.

Rules and Regulations Pertaining to Fluoride Varnish

Mr. Brech stated that the underlined language in Section IV was added as a result of conferring with Dr. Childs-Beebe and the Dental Association. Mr. Lambert made a motion to adopt the rules and regulations pertaining to fluoride varnish. Dr. Childs-Beebe seconded the motion and the motion carried.

President Harper asked if anyone other than Dr. Childs-Beebe and Dr. Thompson would like to serve on the ad hoc committee. Dr. Zini stated that he would, as did Drs. Westfall, Whitfield and Braden.

Rules and Regulations for Control of Sources of Ionizing Radiation

Mr. Bernie Bevell, Radiation Control Section Chief, requested to proceed with revising the rules and regulations for Control of Sources of Ionizing Radiation in order to be compatible with the

U. S. Nuclear Regulatory Commission. Dr. Whitfield made a motion to proceed with the administrative procedures. Dr. Hui seconded the motion and the motion passed.

**Rules and Regulations Pertaining to the Control of
Communicable Diseases – Tuberculosis**

Dr. James Phillips, Chief, Infectious Disease Branch, reported that the case rate of tuberculosis in 1970 was 27 per one hundred thousand in Arkansas where the national average was 18 per one hundred thousand. The national case rate for tuberculosis has progressively fallen, but in Arkansas it has fallen at a faster rate than nationally. We would like to focus on high risk groups and to delete emergency medical services, daycare facilities, and public school employees from the required annual tuberculin stem testing. That is our proposal. Dr. Fincher commented that he applauded this measure as something we need to see a lot of, identify areas where we are doing stuff that is not helping and get rid of it in order to focus on areas of more importance.

Dr. Halverson noted for the Board's attention the fact that this change is not something in isolation. We need to start this process but there are other statutes that depend on this. There are regulations that the Department of Education have and a couple laws that cite this authority of the Board of Health as the basis for their law. Even after we move forward with this, there will be a cascade effect that other laws will need to be changed so as to bring everyone into conformance.

Dr. Jones made a motion to allow the Health Department to move forward with the proposed changes. Dr. Fincher seconded the motion and the motion carried.

Approval of Southern Community Cohort Cancer Study

Dr. John Senner, Center Director, Public Health Practice, reported that the law authorizing the cancer registry also requires that the Board of Health approve all research proposals that involve personal identifying information. Vanderbilt University will provide us with data sets and we will match it to our cancer registry data and we will then return cancer information to these researchers who are looking for associations. I would ask for a motion to approve this study. Dr. Whitfield made a motion to approve the cohort study. Mr. Lambert seconded the motion and the motion carried.

**Approval of Decision to Seek Voluntary Public Health
Accreditation through the Public Health Accreditation Board**

Dr. Senner stated that the purpose of the accreditation is to set standards to develop quality improvement programs, eco standards and to be able to document that so that we know we have a fully functioning, competent department of public health. One of the steps in the pre-application process of the Public Health Accreditation Board is that they require the Board of Health give a stamp of approval that we go through this process. Dr. Westfall-Elsberry made a motion to approve the process. Dr. Hui seconded the motion and the motion carried.

Revisions to the 2006 State Plumbing Code

Mr. Bob Higginbottom, Director, Plumbing & Natural Gas Section, requested permission to proceed with a rule adoption to delete "Section 427.2 Handicap plumbing facilities" of the State Plumbing Code. The removal of that section from the code will have no bearing on plumbing requirements for the physically disabled. Mr. Fortenberry made a motion to approve the revisions to the rules. Dr. Page seconded the motion and the motion carried.

Midwife Advisory Board Appointments

Ms. Sharon Ashcraft, Women's Health Section Chief, requested approval of three nominations for appointment to the Midwife Advisory Board. Dr. Fritchman made a motion to approve the appointments. Dr. Hui seconded the motion and the motion carried.

Appointments to the Arkansas Drinking Water Advisory and Operator Licensing Committee

Mr. Martin Nutt, Certification Officer, Water Licensing Program, requested that one of the members on the Arkansas Drinking Water Advisory and Operator Licensing Committee be replaced. All three applicants are very well qualified; Roger L. Moren, Stacy Cheevers and Lance McAvoy. Dr. Fritchman recommended Stacy Cheevers be appointed. Dr. Page also recommended Stacy Cheevers. Mr. Lambert made a motion to appoint Stacy Cheevers to the Committee. Dr. Bryant seconded the motion and the motion carried.

Proposed Adoption of FY 13 Trauma System Budget

Mr. Donnie Smith, Director, Center for Health Protection, brought the Trauma System FY13 budget before the board for approval as required on an annual basis. There are no significant changes in terms of formula for past years. Dr. Leibovich thanked Mr. Smith for giving him access to the budget, but says the detail is very slim in the report. We need to have some tightening in the hospital oversight to ensure that some of the funds being spent are for routine daily things that hospitals have always provided. Now we are putting the money into trauma care, and we have seen improvements in trauma care since our system started. Dr. Maxson spends some part of every day with Children's trauma care system. His salary from the Health Department does not go to him, it goes to UAMS. I don't know if it is appropriate to make a recommendation that in fiscal year 2013 we increase his salary by \$5,000, none of which would actually go to him.

Dr. Halverson thanked Dr. Maxson on behalf of the Health Department and the Board for his leadership. One issue I would like to bring to the Board's attention because I think it needs some work, and I know Dr. Maxson has spent a lot of time on this, and there is no one answer but I want you, because of your role as a member of the Board of Health, to be aware of this. We have a lot of hospitals that have participated and I think we will soon be in a situation of having gone from zero hospitals that have been trauma centers to perhaps having the most trauma centers designated throughout the country. Where we still are lagging is the appropriate

distribution of the right level of center throughout the state. I want to point out for the Board's attention, although you haven't seen it in the press, there has been a lot of issue around trying to get a level 2 center in Northwest Arkansas. I was proud to sign the level 2 certificate for Washington Regional this week and that's huge. Dr. Maxson stated he was very proud of the work the Department has done in helping 54 hospitals come on board with a trauma system.

President Harper asked for a motion to approve the 2013 budget. Dr. Zini made a motion to approve the Trauma System FY13 budget. Dr. Whitfield seconded the motion. Dr. Leibovich again suggested that \$5,000 be added to program operations that would be used because of Dr. Maxson's hard work and his proven performance in improving our trauma care system. Mr. Smith responded by saying that one of the challenges he is faced with now is in order to have a contract in place for July 1st, we have to have a contract signed and ready for legislative review before July. We would need to take a step back and start the whole process over again, but we will certainly take it under advisement.

A vote was taken on the motion and second, and the motion carried.

Dr. Thompson made a motion that the Board commend Dr. Maxson for his leadership and direct our subcontract for the University of Arkansas for Medical Sciences to recognize that. Dr. Leibovich seconded the motion and the motion carried.

Proposed Findings of Fact, Conclusions of Law and Order **Alicia Waterworks and White River Campground**

Mr. Reggie Rogers, Deputy General Counsel, stated there were two water systems before the Board today, Alicia Waterworks located in Lawrence County, and White River Campground located in Marion County. Alicia Waterworks for given a civil penalty of \$2,000 but was suspended contingent on that system maintaining compliance. White River Campground owed the Department \$500 and has now agreed to pay that along with their past due public water system fees of \$1,318.

Mr. Fortenberry made a motion to approve the combined findings of fact, conclusions of law and orders. Dr. Page seconded the motion and the motion carried.

Approval of Consent Decrees: Rowdy Beaver and Box **Hound Marina**

Mr. Robert Brech informed the Board that these two entities consented to paying civil penalties for violating the Arkansas Clean Indoor Air Act. Dr. Zini made a motion to approve both consent decrees. Dr. Hui seconded the motion and the motion carried.

Report on Arkansas Acute Stroke Care Task Force

Dr. Namvar Zohoori, Branch Chief, Chronic Disease, gave a presentation on the debilitating effects of strokes in Arkansas. The task force, created in 2005, is charged with coordinating statewide efforts to combat the effects of strokes on Arkansans, to improve health care for stroke

victims and for other purposes. The task force is also charged with making periodic reports and recommendations to the State Board of Health.

Dr. Fincher commented that he would be interested to see the raw scientific data as to what the actual benefit for this program is. As I recall, there is a very minimal benefit to mortality, there is an increase in hemorrhagic stroke and major bleeding and the only benefit is to reduce severe disability, and that is a fairly small absolute risk reduction.

Dr. Halverson thanked Dr. Zohoori for his outstanding job. The slide relative to the information about Arkansans and hypertension is very important to us. As Dr. Zohoori said, we are one of four states in the nation that have actually done health interview studies in our state. If you look at just the national data and try to estimate Arkansas, it would suggest that we have far less of a problem than what we actually do. This data shows us over half the adults in this state have either undiagnosed or unmanaged hypertension. We have one of the highest levels of stroke in the nation. The first thing we can do from a public health perspective is to control the use of tobacco and secondly, the most effective thing we can do is control blood pressure.

PRESIDENT'S REPORT

President Harper, in the interest of time, yielded his time to Dr. Halverson for his report.

DIRECTOR'S REPORT

Dr. Halverson informed the Board that the Department had the first visit ever by the CDC Director Dr. Tom Frieden three weeks ago. He was extremely complimentary and offered to work with us in a number of programs, primarily and most importantly, the hypertension issue.

I really want to acknowledge the good work that the dental society has done. I was invited by the Dental Association to present, along with a few other people, to describe and discuss the state of health in Arkansas, and I want to personally thank Dr. Childs-Beebe for her leadership and the leadership of the Dental Association.

Dr. Halverson brought the Board's attention to an honor recently bestowed upon Dr. Glen Baker, our Director of the Public Health Lab, by UAMS and that was induction into their Hall of Fame.

Also, I have asked Dr. Thompson to talk in our next meeting with the Board in an educational session concerning payment reform.

We have been approached about trying to make information about our Board meetings more accessible. So on a pilot basis we are going to try to do a pod cast within a couple days after our Board meeting summarizing the actions that the Board has taken and provide an opportunity to talk about any contemporary issues that would be of interest to the public.

President Harper asked for a motion to adjourn. Dr. Hui made the motion. It was seconded and the motion carried.

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The meeting was adjourned at 12:27 p.m.

Respectfully submitted,

Paul K. Halverson, DrPH, FACHE
Director and State Health Officer